

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000083964

**FILED**  
**Mar 10, 2009**  
**Secretary of State****Entity Name:** SMART BITES TO GO INC**Current Principal Place of Business:**1837 SW 49TH LN  
CAPE CORAL, FL 33914 LE**New Principal Place of Business:****Current Mailing Address:**1837 SW 49TH LN  
CAPE CORAL, FL 33914 LE**New Mailing Address:****FEI Number:** 26-3332815**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ESPAILLAT, LEOPOLDO  
1837 SW 49TH LN  
CAPE CORAL, FL 33914 US**Name and Address of New Registered Agent:**LTAIF, WILLIAM  
17802 NW 79 CT  
MIAMI, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM LTAIF

03/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESPAILLAT, LEOPOLDO  
Address: 1837 SW 49TH LN  
City-St-Zip: CAPE CORAL, FL 33914 LE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LTAIF, WILLIAM  
Address: 17802 NW 79 CT  
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LTAIF

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date